

RECEIPT FOR PROFESSIONAL SERVICES

DATE(S)	TYPE OF PAYMENT	PAYMENT AMOUNT	CLIENT NAME

SERVICE CODE	DESCRIPTION OF SERVICES	VISIT LENGTH	FEE
__90791	Diagnostic Evaluation	(60 min.)	_____
__90834	Individual Psychotherapy	(45 min.)	_____
__90832	Individual Psychotherapy	(30 min.)	_____
__90837	Individual Psychotherapy	(55 min.)	_____
__90846	Family/Couples Therapy w/o pt.	(50 min.)	_____
__90847	Family/Couples Therapy w/ pt.	(50 min.)	_____
__90853	Group Psychotherapy	_____ min.)	_____
__90889	Preparation of Report	(____ min.)	_____
_____	Professional Consultation	_____ min.)	_____
_____	Late cancel./failed appt. fee	_____	_____
_____	Copying/records retrieval	_____	_____
_____	Other services:	_____	_____

ADDRESS _____ CITY _____ STATE _____ ZIP CODE _____ INSURANCE COMPANY _____ POLICY HOLDER'S NAME (IF DIFFERENT FROM ABOVE) _____ POLICY NUMBER _____ GROUP NUMBER _____ CLIENT'S DATE OF BIRTH _____	LOCATION CODE: _____ Office (11) _____ Other (99)
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SERVICE PROVIDER: Comfort Belbas, MSW, LICSW NPI: 1801135223 TIN: 46-1525020	DIAGNOSIS CODE(S): _____ _____
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SIGNATURE _____	_____
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Comfort Belbas, MSW, LICSW
 1624 Harmon Place 300D
 Mpls, MN 55403
 Phone: (612) 237-1134